

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK
FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(PRISONER COMPLAINT FORM)

9:10-CV-289

ALL MATERIAL FILED IN THIS COURT IS NOW AVAILABLE VIA THE INTERNET. SEE PROSE
PRIVACY NOTICE FOR FURTHER INFORMATION.

1. CAPTION OF ACTION

A. FULL NAME AND PRISONER NUMBER OF PLAINTIFF: NOTE: IF MORE THAN ONE PLAINTIFF FILES THIS ACTION AND SEEKS IN FORMA PAUPERIS STATUS, EACH PLAINTIFF MUST SUBMIT AN IN FORMA PAUPERIS APPLICATION AND A SIGNED AUTHORIZATION OF THE ONLY PLAINTIFF TO BE CONSIDERED WILL BE THE PLAINTIFF WHO AN APPLICATION AND AUTHORIZATION.

MR: JULIO MELECIO I.D. #07-A-3977

- VS -

B. FULL NAME(S) OF DEFENDANT(S) NOTE: PURSUANT TO FED. R. CIV. P. 10 (b), THE NAMES OF ALL PARTIES MUST APPEAR IN THE CAPTION. THE COURT MAY NOT CONSIDER A CLAIM AGAINST ANYONE NOT IDENTIFIED IN THIS SECTION AS A DEFENDANT. IF YOU HAVE MORE THAN SIX DEFENDANTS YOU MAY CONTINUE THIS SECTION ON ANOTHER SHEET OF PAPER IF YOU INDICATE BELOW THAT YOU HAVE DONE SO.

1) MR: BRIAN FISCHER

3) MS: K. APPLE, HAC

2) MR: JERRY JANIEC

4) MR: WELHELM

- 5) MS: JANE, DOE
- 6) MR: John, DOE
- 7) MR: Michael L. GRAZIANO
- 8) MS: Marie, HAMMOND
- 9) MR: PETER BEHRE
- 10) MR: GLASSER
- 11) MR: DOUGH
- 12) MR: S. LUCAS
- 13) MR: WHITEASH
- 14) MR: D. RAMIREZ
- 15) MR: LEONARDO
- 16) MR: B. JUNE
- 17) MR: D. VINCENT
- 18) MS: P. BUNCH
- 19) MS: M. GONZALEZ
- 20) MR: MURPHY
- 21) MR: G. MILLER
- 22) MS: JANE, DOE
- 23) MS: SMITH
- 24) MS: M. REED
- 25) MS: S. DIMICK
- 26) MS: S. DERR
- 27) MS: JANE, DOE
- 28) MS: A. HORNER
- 29) MR: MAHON

2) STATEMENT OF JURISDICTION

THIS IS A CIVIL ACTION seeking relief and/or damages to defend and protect the rights guaranteed by the constitution of the united states. THIS ACTION IS brought pursuant to 42 U.S.C. § 1983. THE COURT HAS Jurisdiction over the Action pursuant to 28 U.S.C. §§ 1331, 1343 (3) AND (4); AND 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S (INFORMATION NOTE: TO LIST ADDITIONAL PLAINTIFFS; USE THIS FORM ON ANOTHER SHEET OF PAPER.)

NAME AND PRISONER NUMBER OF PLAINTIFF: MR. JULIO MELECIO #07A3977
GREENE CORRECTIONAL FACILITY, P.O. BOX 975, COXSACKIE, N.Y. 12051
(S. BLOCK - UNIT)

DEFENDANT'S (INFORMATION NOTE: TO PROVIDE INFORMATION ABOUT MORE DEFENDENTS THAN THERE IS ROOM FOR HERE; USE THIS FORM ON ANOTHER SHEET OF PAPER.)

NAME OF DEFENDANT: MR. BRIAN FISCHER

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: NEW YORK STATE COMMISSIONER
OF CORRECTIONS 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR ☐ OFFICIAL
CAPACITY.

DEPARTMENT OF CORRECTIONAL SERVICES
ADDRESS OF DEFENDANT: THE HARRIMAN STATE CAMPUS - BUILDING 2
1220 - WASHINGTON AVENUE, ALBANY, N.Y. 12226-2050

2) NAME OF DEFENDANT: MR. JERRY JANIEC

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: INMATE - GRIEVANCE PROGRAM
SUPERVISOR 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR ☐ OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051.

3)

NAME OF DEFENDANT: MS: K. Apple, HAC;

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: BUSINESS - OFFICE
CLERK 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ✓ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975
COXSACKIE, N.Y. 12051.

4) NAME OF DEFENDANT: MR: WELHELM

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: SENIOR-CORRECTIONAL-
COUNSEL OR 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ✓ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975;
COXSACKIE, N.Y. 12051.

5) NAME OF DEFENDANT: MS: JANE, DOE

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: INMATES-ACCOUNTS
CLERK 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ✓ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975;
COXSACKIE, N.Y. 12051.

6) NAME OF DEFENDANT: MR: John, Doe

(IF APPLICABLE) ~~DEFENDANT'S~~ OFFICIAL POSITION OF DEFENDANT:
SUPERINTENDENT OF SECURITY 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ✓ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975;
COXSACKIE, N.Y. 12051.

7) NAME OF DEFENDANT: MR: Michael L. GRAZIANO

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: DEPUTY —
SUPERINTENDENT OF ADMINISTRATION SERVICES 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. Box 975;
COXSACKIE, N.Y. 12051.

8) NAME OF DEFENDANT: MS: MARIE HAMMOND

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: DEPUTY FOR
PROGRAM 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. Box 975;
COXSACKIE, N.Y. 12051.

9) NAME OF DEFENDANT: MR: PETER BEHRLE

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: SUPERINTENDENT —
OFFICE 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. Box 975;
COXSACKIE, N.Y. 12051.

10) NAME OF DEFENDANT: MR: GLASSER

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: (SGT) AT THE
S.H.U. 200 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. Box 975
COXSACKIE, N.Y. 12051.

11). NAME OF DEFENDANT: MR: DAUGH

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: (SGT) AT THE
S.H.U. 200 3 TO 11 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051 (S.H.U. 200)

12). NAME OF DEFENDANT: MR: S. LUCAS

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 3 TO 11 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
COXSACKIE, N.Y. 12051. (S.H.U. 200)

13). NAME OF DEFENDANT: MR: WHITEASH

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 3 TO 11 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975;
COXSACKIE, N.Y. 12051 (S.H.U. 200)

14). NAME OF DEFENDANT: MR: D. RAMIREZ

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975;
COXSACKIE, N.Y. 12051. (S.H.U. 200)

15) NAME OF DEFENDANT: MR: LEONARDO

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051. (S.H.U. 200)

16) NAME OF DEFENDANT: MR: B. JUNE

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051. (S.H.U. 200)

17) NAME OF DEFENDANT: MR: D. VINCENT

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051. (S.H.U. 200)

18) NAME OF DEFENDANT: MS: P. BUNCH

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051 (S.H.U. 200)

19) NAME OF DEFENDANT: MS: M. GONZALEZ

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL-
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
COXSACKIE, N.Y. 12051 (S.H.U. 200)

20) NAME OF DEFENDANT: MR: MURPHY

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL-
OFFICER 3 TO 11 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
COXSACKIE, N.Y. 12051. (S.H.U. 200)

21) NAME OF DEFENDANT: MR: G. MILLER

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL-
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
COXSACKIE, N.Y. 12051. (S.H.U. 200)

22) NAME OF DEFENDANT: MS: JANE, DOE

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: NURSE-ADMINISTRATIVE
OFFICE 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975
COXSACKIE, N.Y. 12051

23) NAME OF DEFENDANT: MS: SMITH

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
DOCTOR 9 TO 5 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY, P.O. BOX 975,
COXSACKIE, N.Y. 12051.

24) NAME OF DEFENDANT: MS: M. REED

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
R.N. 2 TO 10 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975
COXSACKIE, N.Y. 12051 (S.H.U. 200)

25) NAME OF DEFENDANT: MS: S. DIMICK

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
R.N. EARLY MORNING - TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975,
COXSACKIE, N.Y. 12051. (S.H.U. 200)

26) NAME OF DEFENDANT: MS: S. DERR

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
R.N. EARLY MORNING - TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND/OR OFFICIAL
CAPACITY.

GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
ADDRESS OF DEFENDANT: COXSACKIE, N.Y. 12051 (S.H.U. 200)

27) NAME OF DEFENDANT: MS: JANEI DOE

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: MAIL - ROOM -
CLERK 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975
COXSACKIE, N.Y. 12051

28) NAME OF DEFENDANT: MS: A. HORNER

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 7 TO 3 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975
COXSACKIE, N.Y. 12051

29) NAME OF DEFENDANT: MR: MAHON

(IF APPLICABLE) OFFICIAL POSITION OF DEFENDANT: CORRECTIONAL -
OFFICER 3 TO 11 TOUR

(IF APPLICABLE) DEFENDANT IS SUED IN ☒ INDIVIDUAL AND /OR OFFICIAL
CAPACITY.

ADDRESS OF DEFENDANT: GREENE CORRECTIONAL FACILITY; P.O. BOX 975;
COXSACKIE, N.Y. 12051

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. HAVE YOU BEGUN ANY OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION?

YES: _____

NO: ☒

IF YES, COMPLETE THE NEXT SECTION. NOTE: IF YOU HAVE BROUGHT MORE THAN ONE LAWSUIT DEALING WITH THE SAME FACT AS THIS ACTION; USE THIS FORMAT TO DESCRIBE THE OTHER ACTION(S) ON ANOTHER SHEET OF PAPER.

1). NAME(S) OF THE PARTIES TO THIS OTHER LAWSUIT:

PLAINTIFF(S): _____

DEFENDANT(S): _____

2). COURT (IF FEDERAL COURT; NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY): _____

3). DOCKET OR INDEX NUMBER: _____

4). NAME OF JUDGE TO WHOM CASE WAS ASSIGNED: _____

5). THE APPROXIMATE DATE THE ACTION WAS FILED: _____

6). WHAT WAS THE DISPOSITION OF THE CASE?

IS IT STILL PENDING? YES _____ NO _____

(IF NOT; GIVE THE APPROXIMATE DATE IT WAS RESOLVED: _____)

DISPOSITION (CHECK THE STATEMENTS WHICH APPLY):

DISMISSED (CHECK THE BOX WHICH INDICATES WHY IT WAS DISMISSED):

____ BY COURT sua sponte as FRIVOLOUS; MALICIOUS OR FOR FAILING TO STATE A CLAIM

UPON WHICH RELIEF CAN BE GRANTED:

(10)

BY COURT FOR FAILURE TO EXHAUST ADMINISTRATIVE REMEDIES;
 BY COURT FOR FAILURE TO PROSECUTE, PAY FILING FEE OR OTHERWISE RESPOND
 TO A COURT ORDER;
 BY COURT due to your voluntary withdrawal of claim;
 JUDGMENT UPON MOTION OR AFTER TRIAL ENTERED FOR
 PLAINTIFF
 DEFENDANT.

B. 5. STATEMENT OF CLAIM

A. FIRST CLAIM: ON (DATE OF INCIDENT)

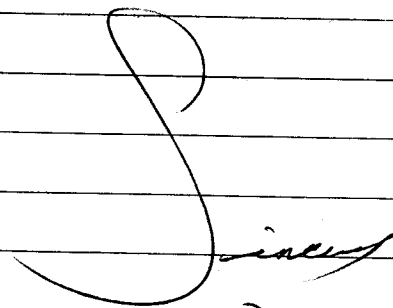
DEFENDANT (GIVE THE NAME AND POSITION HELD OF EACH DEFENDANT INVOLVED IN THIS INCIDENT)

DID THE FOLLOWING TO ME (BRIEFLY STATE WHAT EACH DEFENDANT NAMED ABOVE
 DID): ALL THESE CORRECTIONAL-OFFICERS AS D.O.C. STAFFS PERTAINING
 COMMISSIONER OF CORRECTIONS; BUSINESS OFFICE; GRIEVANCE-OFFICE; I.G.
 ALL IN THIS LAW-SUIT HAVE NOT FOLLOW THEIR OWN RULES / AND REGULATIONS
 ON BEHALF THAT I'M BEING HARASSED; THREATEN; DENIED ON MEDICAL-
 TREATMENT; SUPPLIES; MY MAIL BEING TAMPER WITH; I NOT RECEIVING
 WHAT I'M ENTITLED BY EITHER NONE OF THESE DEFENDANTS AT ALL AS
 MY DISBURSEMENT-FORMS FROM THE BUSINESS-OFFICE; INMATES-ACCOUNT
 AS I HAVE WRITTEN ALL THESE DEFENDANTS FOR ANY ACTION TO BE TAKEN
 ON MY BEHALF AND NO ACTION IS BEING TAKEN AS ALL THESE;
 DEFENDANTS ARE RETALIATING ON BEHALF OF MY COMPLAINTS AS
 AS IT'S GETTING WORST; DUE TO THE FACT THAT NO ACTION IS BEING
 TAKEN AT ALL ON MY BEHALF.

MY LIFE IS IN DANGER!!

PLUS THE R.N. MS: M. REED MS; S. DIMICK; MS: S. DERR AND ALSO -

DOCTOR MS. SMITH ARE DENYING ME MEDICAL-TREATMENT FOR MY LOWER back pains AS I HAVE BEEN TAKEN OFF MY MEDICATIONS FOR MY LOWER back pains FROM DOCTOR MS. SMITH; DUE TO THE FACT THAT R.N. MS. S. DIMICK STATED TO MS. SMITH THAT (I'M A (SNITCH)) BECAUSE THAT I DO LIKE TO WRITE COMPLAINTS AS EVERY ONE IS RETALIATING TOWARDS ME ON BEHALF THAT I'M COMPLAINTING AS NO-ONE ALSO AINT TAKING NO ACTIONS ON MY BEHALF ON THIS COMPLAINT AS ALL PROPER PROCEDURES THAT I HAVE TAKEN FOR ALL ACTIONS OF MY COMPLAINTS ARE ENCLOSED WITHIN THIS LAW-SUIT AND NO ONE HAVE TAKEN NO ACTION TO ASSIST ME IN ANY MATTER AS I HOPE TO HEAR FROM SOME-ONE.



J. Melius

07A3977

THE constitutional basis for this claim under 42 U.S.C. § 1983 is: THAT MY life is in danger; plus as I have went through the proper procedures And no action being taken so I have to do something about it!

THE relief I am seeking for this claim is (briefly state the relief sought): FOR THESE D.O.C. STAFF'S STOP LACKING ON DUTY AND ALSO TO PLEASE STOP HARASSING, threatening And Also denying individuals within what I'm entitle to receive from the state as also stop tampering with my mail And also frauding within my money in my inmate-account.

EXHAUSTION OF YOUR ADMINISTRATIVE REMEDIES FOR THIS CLAIM:

DID YOU GRIEVE OR APPEAL THIS CLAIM? ☒ YES ☐ NO IF YES; WHAT WAS THE result? THAT MY Grievance is being Investigated And no action taken as defendants denied the conflict and it keeps happening towards me.

DID YOU APPEAL THAT DECISION? ☒ YES ☐ NO IF YES; WHAT WAS THE result? NO response as yet And the Grievance is not being Investigated At All Just being thrown AWAY!!

" ATTACH COPIES OF ANY DOCUMENTS THAT INDICATE THAT YOU HAVE EXHAUSTED THIS CLAIM.

(IF YOU DID NOT EXHAUST YOUR ADMINISTRATIVE REMEDIES, STATE WHY YOU DID DO SO WELL ALL DOCUMENTS AND ALSO ALL PROPER PROCEDURES HAVE BEEN TAKEN AS EVERY APPROVE OF MY STEPS IS IN ENCLOSED WITHIN THIS COMPLAINT ALSO ATTACHED.

6. RELIEF SOUGHT

SUMMARIZE THE RELIEF REQUESTED BY YOU IN EACH STATEMENT OF CLAIM ABOVE... I'M REQUESTING FOR THIS ACTION BE TAKEN SERIOUSLY WITHIN MY MATTER DUE TO THE FACT THAT I HAVE TAKEN ALL PROPER PROCEDURES AND NO ACTION IS BEING TAKEN AT ALL ON MY BEHALF ALSO I DO REQUEST FOR THESE D.O.C. STAFF'S IN THIS COMPLAINT ALL BE (SUED) SEPARATELY IN THIS CIVIL-ACTION FOR VIOLATING THEIR OWN RULES / AND REGULATIONS AS I BEING DENIED ON EVERY MATTER THAT I'M ENTITLED TO RECEIVE WHILE IN THE CUSTODY OF D.O.C. AS FOR ALL THE UN-PROFESSIONAL D.O.C. FROM (GREENE CORRECTIONAL FACILITY) IN THIS ACTION FOR TO STOP LACKING ON DUTY AND ALSO STOP DENYING INMATES THEIR MEDICATION; THEIR SUPPLIES; THEIR LAW-LIBRARY ACCESS; AS WELL TO STOP THE THREATS AND ALSO HARASSMENTS TOWARDS INMATES ON BEHALF OF (RETALIATION) WHEN AN INMATE COMPLAINS OF THE DEFENDENT'S WRONG-DOING IN ACTION...

END OF REPORT

Julio M. Alencar

DO YOU WANT A JURY trial? YES ☒ NO ☐

I DEC(ARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT..

EXECUTED ON February 23rd 2010

NOTE: EACH PLAINTIFF MUST SIGN THIS COMPLAINT AND MUST ALSO SIGN ALL SUBSEQUENT PAPERS FILED WITH THE COURT..

MR: Julio Melecio

Mr: Julio Melecio

SIGNATURE(S) OF PLAINTIFF(S)